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U.S. PTO
10/804226

Atty. Dkt. No. 061270-0913

19270 U.S. PTO
10/804226

031904

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Jeff G. GREGER et al.

Title: OPEN TOP SWING

Appl. No.: Unknown

Filing Date: 03/19/2004

Examiner: Unknown

Art Unit: Unknown

UTILITY PATENT APPLICATION
TRANSMITTAL

Mail Stop PATENT APPLICATION
Commissioner for Patents
PO Box 1450
Alexandria, Virginia 22313-1450

Sir:

Transmitted herewith for filing under 37 C.F.R. § 1.53(b) is the nonprovisional utility patent application of:

Jeff G. GREGER
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[] Applicant claims small entity status under 37 CFR 1.27.

Enclosed are:

[X] Specification, Claim(s), and Abstract (18 pages).

[X] Formal drawings (9 sheets, Figures 1-10).



Unexecuted Declaration and Power of Attorney (4 pages).

Assignment of the invention to Graco Children's Products Inc.

Assignment Recordation Cover Sheet.

Small Entity statement.

Request for application not to be published with certification under 35 USC 122(b)(2)(B)(i).

Information Disclosure Statement.

Form PTO/SB/08 with copies of ___ listed reference(s).

Application Data Sheet (37 CFR 1.76).

Claim for Convention Priority.

The filing fee is calculated below:

	Claims as Filed	Included in Basic Fee	Extra Claims	Rate	Fee Totals
Basic Fee				\$770.00	= \$770.00
Total Claims:	25	- 20 = 5	x	\$18.00	= \$90.00
Independents	3	- 3 = 0	x	\$86.00	= \$0.00
If any Multiple Dependent Claim(s) present:			+	\$290.00	= \$0.00
Surcharge under 37 CFR 1.16(e) for late filing of Executed Declaration and late payment of filing fee			+	\$130.00	= \$130.00
			SUBTOTAL:	=	\$990.00
<input type="checkbox"/>		Small Entity Fees Apply (subtract ½ of above):	=		\$0.00
		TOTAL FILING FEE:	=		\$990.00

A check in the amount of \$0.00 to cover the filing fee is enclosed.

The required filing fees are not enclosed but will be submitted in response to the Notice to File Missing Parts of Application.

[] The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 19-0741. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 19-0741.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date March 19, 2004

By Mary Michelle Kile

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